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|---|---|-------------------------------|---|---|
| SERIAL NUMBER 10/644,969 | FILING OR 371(c) DATE 08/21/2003 RULE | CLASS 424 | GROUP ART UNIT 1632 | ATTORNEY DOCKET NO. 09388.0003-03 |
| APPLICANTS Roderic M.K. Dale, Wilsonville, OR; Steven L. Gatton, Lake Oswego, OR; Amy Arrow, Bethel, ME; | | | | |
| ** CONTINUING DATA ***** This application is a DIV of 09/281,858 03/31/1999 PAT 6,627,215 which is a CIP of 09/222,009 12/30/1998 PAT 6,211,349 <i>SM</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 11/17/2003 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>SM</i> Verified and Acknowledged Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY OR | SHEETS DRAWING 2 | TOTAL CLAIMS 1 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS 21971 | | | | |
| TITLE Devices for improved wound management | | | | |
| FILING FEE RECEIVED 450 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |